

Director's Signature: _____

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: June 26, 2010


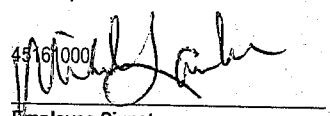
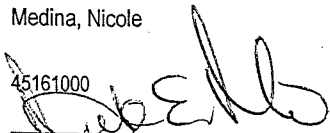

Employee Name:		Sunday 06/20/10	Monday 06/21/10	Tuesday 06/22/10	Wednesday 06/23/10	Thursday 06/24/10	Friday 06/25/10	Saturday 06/26/10
Corbett, Kate 45161000 <i>Kate Corbett</i> Employee Signature	Day: In - Out			6:45 2:45	6:50 2:50	6:50 2:50	6:50 2:50	
	Lunch: Out - In			12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			SIF 7.5					
Desjardins, Stacey 8100-9745 <i>Stacey Desjardins</i> Employee Signature	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			DEA school	DEA school	DEA school	DEA school	DEA school	
Dookhan, Annie 45161000 <i>Annie Dookhan</i> Employee Signature	Day: In - Out		6:45 4:15	6:45 4:00	6:45 4:15	9:00 3:30	6:45 4:00	
	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To					2:15 3:30	7:35 10:45	
Document exceptions or comments, indicate type and amount.			OT 1.5	OT 1.25	OT 1.5	Plymouth District	Fall River OT-1.25	
Frasca, Daniela 45161000 <i>Daniela Frasca</i> Employee Signature	Day: In - Out		6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	6:45 1:45	
	Lunch: Out - In		1:00 1:30	12:40 1:10	1:00 1:30	1:00 1:30	12:00 12:30	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.					SIF 11:00 am		SIF 1 hr.	

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Employee Name:		Sunday 06/20/10	Monday 06/21/10	Tuesday 06/22/10	Wednesday 06/23/10	Thursday 06/24/10	Friday 06/25/10	Saturday 06/26/10
Glazer, Lisa 45161000  Employee Signature	Day: In - Out		/	/	/	/	/	
	Lunch: Out - In		/	/	/	/	/	
	Outside Duty: From - To		/	/	/	/	/	
Document exceptions or comments, indicate type and amount.			DEA school	DEA school	DEA school	DEA school	DEA school	
Lawler, Michael 45161000  Employee Signature	Day: In - Out		/	8:30 7:00	7:55 1:55	8:30 8:00	7:45 8:15	7:00 6:00
	Lunch: Out - In		/	1:55 12:25		1:05 1:35	12:30 1:00	1:00 1:30
	Outside Duty: From - To		/					
Document exceptions or comments, indicate type and amount.			VAC 7.5 ✓	OT 2.5 ✓	VAC 1.50 ✓	OT 3.5 ✓	OT 4.5 ✓	OT 11.0 ✓
Medina, Nicole 45161000  Employee Signature	Day: In - Out		7:40 3:40	/	7:35 3:35	7:40 3:40	7:15 3:15	
	Lunch: Out - In		12 12:30	/	12 12:30	12 12:30	12 12:30	
	Outside Duty: From - To			/			7:35 Fall 11/27	
Document exceptions or comments, indicate type and amount.				Sick Duty				
O'Brien, Elisbeth 45161000  Employee Signature	Day: In - Out		8:00 4:30	7:30 3:30	7:40 4:40	7:50 1:50	/	
	Lunch: Out - In		11:30 12:00	11:30 12:00	11:30 12:00		/	
	Outside Duty: From - To						/	
Document exceptions or comments, indicate type and amount.			CEH 1.0 ✓	+1.0 COM ✓	CEH 0.5 ✓	CEH 0.5 ✓	SICK 6.5 ✓	

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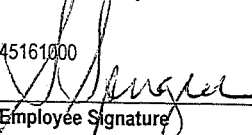
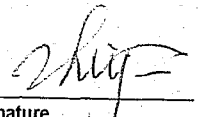
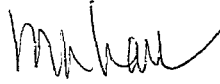
Employee Name:		Sunday 06/20/10	Monday 06/21/10	Tuesday 06/22/10	Wednesday 06/23/10	Thursday 06/24/10	Friday 06/25/10	Saturday 06/26/10
Philips, Gloria 45161000 <i>Gloria Philips</i> Employee Signature	Day: In - Out		8:35 4:35	/	/	/	/	
	Lunch: Out - In		12:00 12:30	/	/	/	/	
	Outside Duty: From - To			/	/	/	/	
Document exceptions or comments, indicate type and amount.				CMT 7.5	CMT 7.5	CMT 7.5	CMT 7.5	
Piro, Peter 45161000 <i>PBS</i> Employee Signature	Day: In - Out		8:30 4:30	9:15 5:15	/	/	/	
	Lunch: Out - In		12 12:30	12 12:30	/	/	/	
	Outside Duty: From - To				/	/	/	
Document exceptions or comments, indicate type and amount.					7.5 VAC	7.5 VAC	Per 7.5	
Renczkowski, Daniel 45161000 <i>D.R.L.</i> Employee Signature	Day: In - Out		6:45 4:45	6:45 4:45	6:45 4:45	6:45 2:45	6:45 2:45	6:45 2:45
	Lunch: Out - In		12:00 12:30	12:00 12:30	1:15 1:45	12:00 12:30	12:00 12:30	12:00 12:30
	Outside Duty: From - To				8:30 12:45		9:35	
Document exceptions or comments, indicate type and amount.			OT 2hrs	OT 2hrs	Suffolk Superior OT 2hrs		Fall Break	OT 7.5 hr
Saunders, Della 45161000 <i>Della Saunders</i> Employee Signature	Day: In - Out		6:45 3:30	6:45 3:30	6:45 1:00	6:45 4:30	6:45 9:45	6:45 2:45
	Lunch: Out - In		1:30 2:00	1:30 2:00		1:30 2:00	12:00 12:30	1:00 1:30
	Outside Duty: From - To				8:30 12:45		7:35 10:45	
Document exceptions or comments, indicate type and amount.			OT 0.75	OT 0.75	Suffolk Superior VAC 1.5	OT 1.75	Fall Break	OT 7.5

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Sprague, Shirley 45161000  Employee Signature	Day: In - Out		8:50 4:50	/	9:00 5:00	8:55 5:00	8:35 4:35	
	Lunch: Out - In		1:00 1:30		1:00 1:30	1:00 1:30	12:00 12:30	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.				Sic 7.5 ✓				
Tan, Zhi 45161000  Employee Signature	Day: In - Out		6:45 12:45	6:45 7:00	6:45 6:10	6:45 7:45	6:45 7:45	6:45 6:15
	Lunch: Out - In		12:15 2:25	12:00 12:30	12:30 3:50	12:00 12:30	12:00 12:30	12:30 1:00
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			OT 1.5 ✓ OT 1.5 ✓	OT 4.25 ✓	OT 0.5 ✓	OT 5.0 ✓	OT 5.0 ✓	OT 11.0 ✓
Tran, Mai 45161000  Employee Signature	Day: In - Out		7:45 12		8:30 2:30	8-1		
	Lunch: Out - In							
	Outside Duty: From - To					11:15		
Document exceptions or comments, indicate type and amount.			1.75 sick ✓ Dr. Appt			Brackton Dist		
45161000 Employee Signature	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval prior to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: 6/26/10

of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant Backlog of Samples

Overtime is to be: ☒ paid at OT rate _____ added to comp time balance _____
(if OT rate, complete below)

OT Account: 8100-9745

Approval:

Supervisor: _____ Date: _____

Department Head: Thomas Davis Date: 6/24/10

Denial reason: _____

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Michael Lander	120459	11.5 hrs			
Daniel Renczkowski	297673	7.5 hrs			
Della Saunders	147387	7.5 hrs			
Zhi Tan	148724	11 hrs			